



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 2nd Floor, Boston, MA 02111
617-753-8000

APPLICATION FOR DPH LICENSURE APPROVAL OF EMERGENCY INFLUENZA SPECIALTY CARE UNIT (ISCU)

HOSPITAL Name: _____

Street/City/ Zip: _____

ISCU Facility Name: _____

ISCU Street/City/Zip: _____

ISCU Operations Chief: _____

ISCU Medical Officer: _____

ISCU Contact Person (24/7): _____

All applicants must submit the following information:

- ☐ Estimated in-patient capacity of the ISCU (# of Beds) _____
- ☐ Map showing proximity from the main hospital to ISCU site; estimated distance to ISCU site _____
- ☐ Local Fire Department certificate of approval, Local Building Inspector certificate of occupancy, and MA Department of Public Safety certificate of inspection and approval for the ISCU site, as applicable
- ☐ Schematic Floor Plan or equivalent for ISCU site
- ☐ Written Agreement/Memorandum of Understanding between hospital and facility site for projected use of the space
- ☐ ISCU Preparation Checklist (see attached)

Initials Please attest to the following by initialing the items below:

- _____ a) The governing body of the hospital has reviewed and approved the ISCU site plan.
- _____ b) Policy and procedures are provided for activation and intended use of the ISCU (e.g., inpatient, ambulatory care).
- _____ c) Protocols which define hospital administrative structure for managing all components of the ISCU site initially and during utilization of space.
- _____ d) The hospital assures that the ISCU Preparation Checklist (see attached) has been reviewed and the hospital has a plan in place for implementation as appropriate.

The undersigned attests to the above and agrees to follow Department of Public Health guidance in the activation of the ISCU site plan.

CEO Name (Print) _____

CEO Signature _____

Date _____